



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1092

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Keys AHEC will provide full time comprehensive direct primary care medical services for medically vulnerable school aged children through 9 clinical sites. Having primary and oral health care services available in the school during school hours will improve health treatment and outcomes of identified medically underserved families through direct care and early treatment of disease. Results of the program are that children will have ongoing access to quality medical and oral health care.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</b>

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>1,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	300,000	452	No

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Local funding and grant funding support half of the operations for the project. Additional state funding will be required as well.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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If yes, indicate the amount of funds received and what the funds were used for.

#### 11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Partial support of the CEO and Fiscal Mgr for overall management of the program, staff, finances, reporting and evaluation. Tax/Fringe	19,500
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Partial support of five FTE APRN/PA's, one MA, one RN, a .1 fte Medical Director, one Dentist, one Dental Hygienist, one Dental Assistant. Fringe/Tax associated with the positions.	390,000
Expense/Equipment/Travel/Supplies/Other	Partial support of Malpractice Insurance, Electronic Health Record systems, Oral Health and Medical Supplies used in treatment of patients.	90,500
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

#### 12. Program Performance

##### a. What specific purpose or goal will be achieved by the funds requested?

Keys AHEC will provide full time comprehensive direct primary care medical services for medically vulnerable school aged children through 9 clinical sites. Having primary and oral health care services available in the school during school hours will improve health treatment and outcomes of identified medically underserved families through direct care and early treatment of disease. Results of the program are that children will have ongoing access to quality medical and oral health care.

##### b. What activities and services will be provided to meet the intended purpose of these funds?

Children of all ages will have access to primary/oral care services in the School setting eliminating any barriers to medical care, treatment and follow up services. Increased access allows patients to be seen prior to needing emergency care and allows us to manage chronic and acute illnesses.

##### c. What direct services will be provided to citizens by the appropriation project?

Services Include: School Health Physicals, COVID-19 Testing, Sick & Well Child Visits, Chronic Disease Management (Asthma and Diabetes), Prescriptions, Treatment of Minor Injuries, Strep, Glucose Testing, Vision/Hearing Tests, Pregnancy Testing, Referral for Full Labs/Specialty Services, Oral Health & Dental Treatment as well as referral for specialty and ancillary care.

##### d. Who is the target population served by this project? How many individuals are expected to be served?

Medically vulnerable school aged children in Monroe County.

##### e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will



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be measured?

Students that are well and free from illness attend more school days leading to a fuller educational experience where illness and pain do not distract from educational activities. Keys AHEC tracks all health service and patient information via an Electronic Health Record as well as performance numbers (CareTracker and Health Master). Formal reports are provided to the Florida Department of Health.

**f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?**

In past years, contracts Keys AHEC has had in the contract financial penalties if is did not provide necessary services, have staff and sites in place, did not reach the number of patients agreed upon and did not provide the number of services agreed upon.  
A report was provided to the Department of Health Quarterly on performance along with its financial expenditures. Keys AHEC has exceeded performance goals regularly and passed all financial reviews.

**13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

N/A



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. Recipient Contact Information

a. Organization

b. Municipality and County

#### c. Organization Type

- ☐ For Profit Entity
- ☐ Non Profit 501(c)(3)
- ☒ Non Profit 501(c)(4)
- ☐ Local Entity
- ☐ University or College
- ☐ Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number